

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11152 116

## 1. PLACE OF DEATH:

County..... Dorchester.  
 City or town..... Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 mos. & 11 days  
 Hospital, institution, or street address where death occurred:  
Eastern Shore state Hospital  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Wicomico  
 City or town..... Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... 617 West Main St.  
 (If rural, give LOCATION)  
 2.(a) if veteran, name war..... ☒

## 3. (a) FULL NAME

Sally Alderman

## 3. (b) Social Security Number

4. Sex..... female  
 5. Color or race..... white  
 6. (a) Single, married, widowed, or divorced..... widowed  
 6. (b) Name of husband or wife..... Gus Alderman (dead)  
 6. (c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.)..... May 12, 1873  
 8. AGE: Years..... 74 Months..... 6 Days..... 28  
 If less than one day..... hrs. .... min.

9. Birthplace..... Dames Quarter's Som. Co. Md.  
 (Town, county, and state)  
housework  
 10. Usual occupation.....  
 11. Industry or business.....  
 12. Name..... unknown  
 13. Birthplace.....  
 14. Maiden name..... Mimie Laird  
 15. Birthplace..... Som. Co. Md.

16. Informant..... Eastern Shore State Hospital Records  
 Address..... Cambridge, Maryland

17. burial Date thereof..... Dec. 13, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory..... State Hospital Cemetery  
Cambridge, Maryland  
 Location.....

18. Funeral director..... LeCompte's Funeral Service  
 Address..... Cambridge, Maryland

19. Dec. 13, 1947 John Mace Jr. M. D.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 10, 1947 19..... at 2:30aM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
July 28, 1947 19..... to Dec. 10 19..... 47  
 and that I last saw her alive on December 10, 1947 19.....

Immediate cause of death.....	DURATION
<u>Myocardial decompensation</u>	<u>12 hrs.</u>
Due to..... <u>Chronic myocarditis &amp; myocardial degeneration</u>	<u>unk.</u>
Due to..... <u>Old Age</u>	
Other conditions..... <u>Senile Psychosis</u>	
(Include pregnancy within 3 months of death)	

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE..... Grace M. Branscombe M. D. or other  
E. S. S. H. Cambridge, Md. 12/10/47  
 Address..... Date signed.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11153

Reg. Dist. No. 110

1. PLACE OF DEATH: Dorchester  
 County Hurlock (Rural)  
 City or town (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? several years  
 Hospital, institution, or street address where death occurred:  
X  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Hurlock (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. X X  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

3. (a) FULL NAME Fred. Aldridge

3. (b) Social Security Number

4. Sex male 5. Color or race colored 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Myra E. Spry  
 6.(c) If alive, give age 48 years  
 7. Birth date of deceased (mo., day, yr.) July 5th, 1885  
 8. AGE: Years 62 Months 5 Days 16 If less than one day  hrs.  min.

9. Birthplace Dorchester County - Md.  
 (Town, county, and state)  
 10. Usual occupation Laborer  
 11. Industry or business Farm and Canning House

FATHER 12. Name Robert Aldridge  
 13. Birthplace Md.

MOTHER 14. Maiden name Eliza x  
 15. Birthplace Md.

16. Informant Winfred Aldridge (son)  
 Address Hurlock, Md.

17. Burial Date thereof December 26, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Petersburg Cemetery  
 Location Petersburg Md. near Hurlock, Md.

18. Funeral director J. J. Frampton & Son  
 Address Federalsburg, Maryland

19. Dec 26 - 19 47 Charles Heston  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 / 47 at 5-30P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from X 19  to X 19

and that I last saw him alive on X 19

Immediate cause of death X

Injury to Brain

DURATION

Due to Fracture of Skull

Due to Fracture of ribs on left

Other conditions Fracture of Femur on left side.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Dec. 21/47

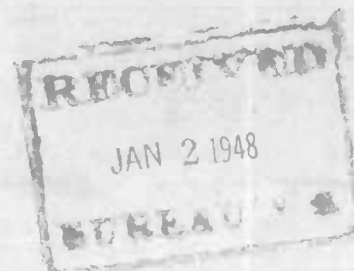
Where did injury occur? Hurlock Dorchester Md.  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) on county road

Means of injury Automobile Injured at work? no

23. SIGNATURE J. K. Shriver Dep. Med. Exam.  
 M. D. or other

Address Cambridge, Md. Date signed Dec. 21/47



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11154

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 6 days  
Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
How long in hospital or institution? 6 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester  
City or town Girdletree  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION) no  
2. (a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Clayton Jones Bowen

### 3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Nona Virginia Parks  
8. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 15, 1885

8. AGE: Years 62 Months 7 Days 7 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Girdletree, Maryland  
(Town, county, and state)

10. Usual occupation Oyster planter

### 11. Industry or business

12. Name William Parker Bowen

13. Birthplace Newark, Worcester County, Md.

14. Maiden name Emma W. Jones

15. Birthplace Girdletree, Md.

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Md.

17. Burial Date thereof Dec 24/47  
(Burial, cremation, or removal, Which? (month) (day) (year))

Cemetery or crematory Methodist

Location Girdletree, Md.

18. Funeral director Gray & Sons

Address Sub W Hill, Md.

19. Dec. 24 19 47 John M. ...  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 19 47, at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 16 19 47, to Dec. 22 19 47, and that I last saw him alive on Dec. 22 19 47.

Immediate cause of death Cerebral Hemorrhage

Due to Cerebral Arteriosclerosis

Due to \_\_\_\_\_

Other conditions - Diabetes

Psychosis With Cerebral Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Grace M. Branscombe M. D. or other

E.S.S.H., Cambridge, Md. Date signed 12/22/47

MARGIN RESERVED FOR BINDING

9-45-15W

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 26 1947

67776

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11155

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County..... Dorchester  
City or town..... Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... 1 month  
Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
How long in hospital or institution?..... 1 month

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester  
City or town..... Rural Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

### 3. (a) FULL NAME

Guy Steele Burton

### 3. (b) Social Security Number

217-10-8211

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... married

6.(b) Name of husband or wife..... unknown

7. Birth date of deceased (mo., day, yr.)..... August 22 1882 6.(c) If alive, give age..... years

8. AGE: Years..... 65 Months..... 3 Days..... 20 If less than one day..... hrs. .... min.

9. Birthplace..... Cambridge Dorchester Cy Maryland  
(Town, county, and state)

10. Usual occupation..... Pipe fitter

### 11. Industry or business

12. Name..... William Burton

13. Birthplace..... Dorchester Cy Maryland

14. Maiden name..... Hester Thomas

15. Birthplace..... Dorchester Cy. Md.

16. Informant..... Hospital Records

Address..... Cambridge, Maryland

17. Burial Date thereof..... Dec. 16, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Cambridge Cemetery

Location..... Cambridge, Maryland.

18. Funeral director..... LeComptier Funeral Ser.

Address..... Cambridge, Md.

19. Dec 16-19 47 John Maca...  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 13 19 47 at..... 10,30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
November 13 19 47 to December 13 19 47  
and that I last saw him alive on December 12 19 47

Immediate cause of death..... Arteriosclerotic cardiovascular disease DURATION..... unknown

Other conditions..... Pulmonary tuberculosis

Psychosis with cerebral arteriosclerosis  
(Include pregnancy within 3 months after delivery)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Grace M. Branscombe M. D. or other

Address..... Cambridge, Maryland Date signed..... 12-14-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The effect of age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 19 1947

SERRA







RECEIVED  
DEC 31 1947  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

11157

1860

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? One Day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 200 Henry St.  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Herman L. Cook

## 3. (b) Social Security Number

- - - - -

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Nora Jane PalmerDied May, 19387. Birth date of deceased (mo., day, yr.) Nov. 24, 1860

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 87 Months - Days 9 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Cambridge, Maryland  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name William W. Cook13. Birthplace Maryland14. Maiden name Emalie Cook15. Birthplace Maryland18. Informant Mr. Harry CookAddress Cambridge, Maryland17. Burial Date thereof Dec. 5, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory East New Market CemeteryLocation East New Market, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. Dec 5, 47 John M. [unclear]  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 3, 1947 at 1:10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19. \_\_\_\_\_ to \_\_\_\_\_ 19. \_\_\_\_\_

and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19. \_\_\_\_\_

Immediate cause of death \_\_\_\_\_

Injury to BrainDue to Fracture of SkullDue to Fall down back steps onto cement floor

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Dec 1/47Where did injury occur? Cambridge - Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) at homeMeans of injury Fall Injured at work? No23. SIGNATURE Dr. R. Shivers, Dep. Med. Exam.Address Cambridge - Md. Date signed Dec 3/47

RECEIVED

DEC 8 1947

BUREAU 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/00

11158

## CERTIFICATE OF DEATH

Reg. Dist. No. 176

## 1. PLACE OF DEATH:

County Dorchester Co  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? Cornish

## 3. (a) FULL NAME

Charles M. Calmish4. Sex Male 5. Color or race Caucasian 6. (a) Single, married, widowed, or divorced Married6. (b) Name of Wife Mary Calmish7. Birth date of deceased (mo., day, yr.) Feb. 15, 18998. AGE: Years 48 Months 10 Days 16 If less than one day9. Birthplace Rock Town (Town, county, and state)10. Usual occupation Lab. Tech11. Industry or business None12. Name General Banking13. Birthplace Maryland14. Maiden name Barbly15. Birthplace Rock Town16. Informant Homer BarblyAddress Cambridge17. Rock Town Date thereof Jan 11 - 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rock Town

Location

18. Funeral director Legis. H. BurmanAddress Cambridge19. 11/31 19 48 January

(Data rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 220 Washington St.  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 - 31 19 47 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10 - 29 19 47 to 12 - 31 19 47and that I last saw him alive on 12 - 31 19 47Immediate cause of death UremiaDURATION 2 daysDue to Anteroselective Nephritis Unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations N.A. autopsy

Date of op.

Autopsy results no Autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

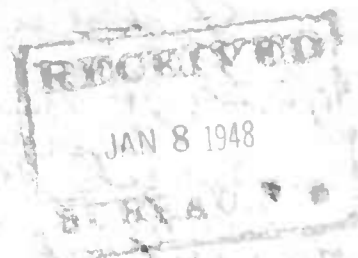
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. MaryanovAddress 136 Rose Street Cambridge, Md.Date signed 1-2-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. (1) No correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11159

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 17 yrs., 8 mo., 15 days  
 Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
 How long in hospital or institution? 17 yrs., 8 mo., 15 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Milton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

John Corsey

## 3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed  
 6.(b) Name of husband or wife Mary Francis Kirby  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) March 1880 ?  
 8. AGE: Years 67 Months 9 Days ? If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Dorchester County  
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

FATHER 12. Name Charlie Corsey  
 13. Birthplace Maryland  
 MOTHER 14. Maiden name Matilda Woolford  
 15. Birthplace Maryland

16. Informant Eastern Shore State Hospital Records  
 Address Cambridge, Maryland

17. Burial Date thereof 12-16-1947  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Greenlawn  
 Location Cambridge Md

18. Funeral director Kenneth R. Thomas  
 Address Cambridge, Md

19. Dec 16-1947 John M. ...  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 14 19 47 at 7 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 19 42 to Dec. 14 19 47  
 and that I last saw him alive on December 14 19 47

Immediate cause of death \_\_\_\_\_  
Chronic myocarditis and  
myocardial degeneration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Manner of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE \_\_\_\_\_ M.D. or other \_\_\_\_\_

Address E.S.S.H. Cambridge, Md. Date signed 12/15/47

RECEIVED

DEC 19 1947

BURMA



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 172 UB 16

## 1. PLACE OF DEATH:

County DorchesterCity or town Tangier Sound-Near Crocheron  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? One Year

Hospital, institution, or street address where death occurred:

How long in hospital or institution? - - - - -

## 3. (a) FULL NAME

FRANKLIN  
Ga tha X. Cottee

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married DIVORCED

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 7, 19038. AGE: Years 44 Months 40 Days 40 If less than one day 40 hrs. 40 min.9. Birthplace Virginia ?  
(Town, county, and state)10. Usual occupation Lighthouse Keeper11. Industry or business U. S. Coast Guard12. Name Ira E. Cottee13. Birthplace Virginia14. Maiden name Catherine Robbins15. Birthplace Va.16. Informant Ira E. CotteeAddress Belle Haven, Va.17. Burial Date thereof Mar. 12, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Belle Haven CemeteryLocation Belle Haven, Va.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. March 10 - 48 John Mac & md  
(Date rec'd by registrar) Registrar2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)State Virginia County NorthamptonCity or town Belle Haven Wills Wharf  
(If outside city or town limits, write RURAL and give nearest town)Street No. - - - - -  
(If rural, give LOCATION)2. (a) If veteran, name war ✓

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1947 at 2 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to 1947and that I last saw him alive on 1947Immediate cause of death Drowning DURATION -Due to Burns - precedingDue to -Other conditions -

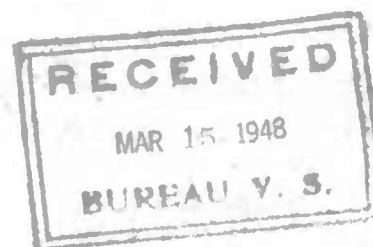
(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Dec 21/47Where did injury occur Wills Wharf MD  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) in Hospital's StraitMeans of injury boat apiece Injured at work? yes23. SIGNATURE John H. Shriver, M.D. M. D. or other MDAddress Cambridge - MD Date signed Mar. 10/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

11160

## CERTIFICATE OF DEATH

Reg. Dist. No. H6

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal) When

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED

DEC 5 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Three WeeksHospital, institution, or street address where death occurred:  
Cambridge Maryland HospitalHow long in hospital or institution? One Day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Church Creek  
(If outside city or town limits, write RURAL and give nearest town)Street No. Brannocks Neck  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Edith Patricia Grein

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 8, 1943

6.(c) If alive, give age years

8. AGE: Year 4 Month 9 Day 5 If less than one day  
hrs. min.

9. Birthplace Baltimore, Maryland  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name William H. Grein13. Birthplace Maryland14. Maiden name Mary Grace McGowen15. Birthplace Maryland16. Informant Mrs. Mary G. GreinAddress Cambridge, RFD # 2, Maryland17. Burial Date thereof Dec. 16, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 12-16- 19 47 John M. Grein md  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 19 47 at 10 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
12 DEC. 19 47 to 13 DEC. 19 47and that I last saw h. e. r. alive on 13 DEC. 19 47Immediate cause of death TONSILLITIS  
WITH TRACHEO-BRONCHITIS

DURATION

Due to

Due to

Other conditions SEPTICEMIA.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter E. Gunby Jr. M.D.Address 105 Church Blvd Cambridge Date signed 16 Dec 47

RECEIVED

DEC 19 1947

STRT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1310

11162

Reg. Dist. No. 116

<b>1. PLACE OF DEATH:</b> County <u>Washington</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>2 years</u> Hospital, institution, or street address where death occurred: _____ How long in hospital or institution? _____			<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Washington</u> City or town _____ (If outside city or town limits, write RURAL and give nearest town) Street No. <u>419 W Ellis St.</u> (If rural, give LOCATION) 2.(a) If veteran, name war <u>none</u>		
<b>3. (a) FULL NAME</b> <u>Emma Frances Trimes</u>			<b>3. (b) Social Security Number</b> <u>none</u>		
<b>4. Sex</b> <u>Female</u>	<b>5. Color or race</b> <u>white</u>	<b>6. (a) Single, married, widowed, or divorced</b> <u>widowed</u>			
<b>6. (b) Name of husband or wife</b> <u>William S.</u>					
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>April - 18 - 1873</u>					
<b>6. (c) If alive, give age</b> _____ years					
<b>8. AGE:</b> Years <u>74</u> Months <u>8</u> Days <u>8</u> If less than one day _____ hrs. _____ min.					
<b>9. Birthplace</b> <u>Pennsylvania</u> (Town, county and state)					
<b>10. Usual occupation</b> <u>housewife</u>					
<b>11. Industry or business</b>					
<b>12. Name</b> <u>Francis Furbush</u>					
<b>13. Birthplace</b> <u>Maryland</u>					
<b>14. Maiden name</b> <u>Louise Jones</u>					
<b>15. Birthplace</b> <u>unknown</u>					
<b>16. Informant</b> <u>Mrs Catherine Z of</u> <b>Address</b> <u>419 W Ellis St. Cambridge, Md</u>					
<b>17. Burial</b> (Burial, cremation, or removal) <u>Stevensville</u> Date thereof <u>12-29-1947</u> (month) (day) (year) Cemetery or crematory <u>Stevensville</u> Location <u>Stevensville, Md.</u>					
<b>18. Funeral director</b> <u>Reverth R. Shawar</u> <b>Address</b> <u>Cambridge, Md.</u>					
<b>19.</b> <u>12/29/</u> 19 <u>47</u> <u>John Mace Jr M.D.</u> (Date rec'd by registrar) Registrar					
<b>MEDICAL CERTIFICATION</b>					
<b>20. DATE OF DEATH</b> <u>Dec 19</u> 19 <u>47</u> at <u>11.10 P</u>					
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>Dec 19</u> 19 <u>47</u> to <u>Dec 26</u> 19 <u>47</u> and that I last saw him alive on <u>Dec 26</u> 19 <u>47</u> Immediate cause of death <u>arterio sclerotic nephritis</u> DURATION <u>unknown</u> Due to <u>arterio sclerotic Heart</u> Due to <u>Disease</u> <u>unknown</u> Other conditions _____ (Include pregnancy within 3 months of death)					
<b>Major findings of operations</b> _____ Date of op. _____					
<b>Autopsy results</b> _____ <b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>					
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b> Accident, suicide, or homicide _____ Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) Injured at home, farm, industry, pub'c place (where?) _____ Means of injury _____ Injured at work? _____					
<b>23. SIGNATURE</b> <u>L. Maryanov</u> M. D. or other _____ <b>Address</b> <u>Cambridge, Md.</u> Date signed <u>12/27/47</u>					



RECEIVED

JAN 3 1948

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11163

## 1. PLACE OF DEATH:

County DORCHESTER.City or town CAMBRIDGE  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? EIGHT YEARS

Hospital, institution, or street address where death occurred:

600 RACE STREET

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County DORCHESTER.City or town CAMBRIDGE  
(If outside city or town limits, write RURAL and give nearest town)Street No. 600 RACE STREET.  
(If rural, give LOCATION)2.(a) If veteran, name war NO

## 3. (a) FULL NAME

CHARLES FREDERICK HAHN

## 3. (b) Social Security Number

4. Sex

MALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

WIDOWED.6. (b) Name ~~Deceased~~ wife FREDA HAHN.7. Birth date of deceased (mo., day, yr.) July 19, 1854

6. (c) If alive, give age years

8. AGE: Years 93 Months 4 Days 29 If less than one day hrs. min.9. Birthplace SAXONY GERMANY  
(town, county, and state)10. Usual occupation CUSTOM SHOE MAKER.11. Industry or business SHOE COMPANY12. Name HANN.13. Birthplace GERMANY

14. Maiden name

15. Birthplace GERMANY16. Informant MRS. CHARLES SCHAFERAddress CAMBRIDGE MARYLAND17. BURIAL Date thereof Dec 17, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory DAVID RIDGELocation PIKESVILLE, MARYLAND18. Funeral director William CookAddress BALTIMORE, MARYLAND.19. 12-18-47 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 17, 1947 at 10 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

SEPT. 10, 1947 to DEC. 17, 1947and that I last saw him alive on DEC 17, 1947

Immediate cause of death

MANITONDue to SENILITY.

Due to

Other conditions Prostatic Hypertrophy?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? at home (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W. J. SchafferAddress Cambridge MdDate signed 12/17/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11164  
Reg. Dist. No. 116

1. PLACE OF DEATH:  
County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Three Months  
Hospital, institution, or street address where death occurred:  
Race St.  
How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Race St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war - - - - -

3. (a) FULL NAME Bertie Brooks Harrington 3. (b) Social Security Number - - - - -

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
6.(b) Name of husband or wife W. W. Harrington  
Deceased 6.(c) If alive, give age - - - - - years  
7. Birth date of deceased (mo., day, yr.) July 28, 1867  
8. AGE: Years 80 Months 4 Days 5 If less than one day - - - - - hrs. - - - - - min.

9. Birthplace Madison, Dor. Co., Maryland  
(Town, county, and state)  
10. Usual occupation - - - - -  
11. Industry or business - - - - -

FATHER 12. Name J. W. Brooks, Sr  
13. Birthplace Maryland  
MOTHER 14. Maiden name Louise Tolley  
15. Birthplace Maryland

16. Informant Mrs. Daniel Delaha  
Address Cambridge, Maryland  
17. Burial Date thereof Dec. 7, 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Madison Cemetery  
Location Madison, Dor. Co., Maryland  
18. Funeral director LeCompte's Funeral Service  
Address Cambridge, Maryland.

19. Dec 5 - 19 47 John Macer Registrar  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 3, 19 47 at 12:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-21-19 47 to Dec 3 19 47  
and that I last saw him/her alive on Dec 3 19 47

Immediate cause of death Coronary Occlusion DURATION 3 hr

Due to Coronary - Renal 3 hr

Due to Senility

Other conditions - - - - -

(Include pregnancy within 3 months of death)

Major findings of operations - - - - -

Autopsy results - - - - - Date of op. - - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - - Date of - - - - -

Where did injury occur? - - - - - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) - - - - -

Means of injury - - - - - Injured at work? - - - - -

23. SIGNATURE John Macer M. D. or other - - - - -

Address - - - - - Date signed Dec 5 19 47

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
DEC 8 1947  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

11165

93d

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 YearsHospital, institution, or street address where death occurred:  
311 Washington St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 311 Washington St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Lydia Robbins Hill

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife James E. Hill

(Died May 1932) 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 18918. AGE: Years 56 Months 9 Days 14 If less than one day hrs. min.9. Birthplace Cambridge, RFD # 3, Maryland  
(Town, county, and state)10. Usual occupation Housewife & Laborer11. Industry or business Cannery12. Name George B. Robbins13. Birthplace Maryland14. Maiden name Louise Bell15. Birthplace Maryland16. Informant Mr. Willie HillAddress Cambridge, Maryland17. Burial Date thereof Dec. 31, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Speddens CemeteryLocation James, Dor. Co., Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Dec 31, 1947 John Maca...  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 29, 1947 at 1:15A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6/10 19 47 to 12/29 19 47  
and that I last saw him alive on 12/29/ 19 47Immediate cause of death Coronary Arteriosclerosis DURATION 1 hr.Due to Arteriosclerotic Heart Disease Unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations No operations Date of op.Autopsy results No Autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

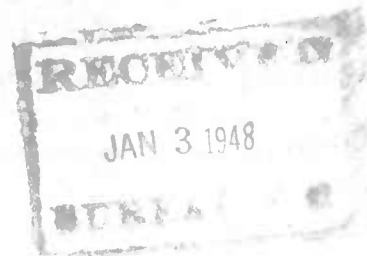
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. Maryann M. D. or other136 Rose Street Cambridge, MdAddress Date signed 12/30/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11166

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County DorchesterCity or town Hurlock - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 11 months

Hospital, institution, or street address where death occurred:

Near Elwood

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Elwood  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

William Hubbard

## 3. (b) Social Security Number

198-09-0266

## 4. Sex

Male

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Verdie Hubbard7. Birth date of deceased (mo., day, yr.) March 27, 18926. (c) If alive, give age - years8. AGE: Years 55 Months 9 Days 4 If less than one day  
..... hrs. .... min.9. Birthplace Dorchester County, Maryland  
(Town, county, and state)10. Usual occupation Day Laborer11. Industry or business Rope Factory12. Name Janis J. Hubbard13. Birthplace Dorchester County, Maryland14. Maiden name Charlotte Cornish15. Birthplace Dorchester County, Maryland16. Informant Rosa M. HubbardAddress Hurlock, Maryland, R.F.D.17. Burial Date thereof January 3, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spinnerys Rural CemeteryLocation Near Hillsboro Maryland18. Funeral director J. J. Frampton and SonAddress Federalburg, Maryland19. Jan 3 - 1948 Chas W Hastings  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1947 at 12:20 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18, 1946 to December 31, 1947  
and that I last saw him alive on December 20, 1947Immediate cause of death Internal HemorrhageDue to Carcinoma of liverDue to ascitesOther conditions ascites

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Harrison MD M. D. or otherAddress Hurlock Md Date signed 1/1/48



RECORDS

JAN 7 1948

HUBBARD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

11167

83a

## 1. PLACE OF DEATH:

County PerkinsCity or town Cambridge, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (a) FULL NAME

Emily Hughes

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Col. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife John Hughes

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) October 12, 18698. AGE: Years 78 Months 1 Days 27 If less than one day..... hrs. .... min.9. Birthplace Church Creek Md.  
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name unknown

13. Birthplace

14. Maiden name Harriett Stanley

15. Birthplace

16. Informant Enoch HughesAddress 132 Washington Street17. Cambridge Date thereof Nov 13 1944  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Wright CemeteryLocation Cambridge18. Funeral director Levin H. BarmanAddress Cambridge Md19. Dec 13 - 47 John Mace  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 47 at 8:00 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 7 1947 to Dec 7 1947 and that I last saw him on alive on December 9 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

5 daysDue to Hypertension18 min

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Manner of injury

Injured at work?

23. SIGNATURE Carol M. Hearn M.D.  
M. D. or otherAddress Perkins St Date signed 12-13-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1318

11168

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (if outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? entire life  
 Hospital, institution, or street address where death occurred:  
Cambridge Md. Hospital  
 How long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (if outside city or town limits, write RURAL and give nearest town)  
 Street No. Cemetery Lane  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Brice W. Johnson

## 3. (b) Social Security Number

none

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Nettie Mitten

## 7. Birth date of deceased (mo., day, yr.)

April 17 - 18886. (c) If alive, give age 58 years

## 8. AGE:

58 Years7 Months29 Days

If less than one day

hrs. min.

## 9. Birthplace

Cambridge  
(Town, county, and state)

## 10. Usual occupation

Shipyard Mgr. retired

## 11. Industry or business

George T. Johnson

## 12. Name

Balto

## 13. Birthplace

Martha A. Sinclair

## 14. Maiden name

Sinclair Co.

## 15. Birthplace

Mrs Howard A. Reed

## 16. Informant

Cambridge, Md.

## 17. Burial

Cambridge  
(Burial, cremation, or removal) Which? (month) (day) (year)

## 18. Cemetery or crematory

Cambridge, Md.

## 19. Funeral director

Cambridge, Md.

## 20. Date rec'd by registrar

Dec. 18 - 47

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Dec 16 1947 9 P.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12/15 1947 to 12/16 1947

## and that I last saw him alive on

12/16 1947

## Immediate cause of death

Coronary atherosclerosis

## DURATION

## Due to

Uremia

## Due to

Chronic hepatitis

## Other conditions

Old fracture shoulder  
Multiple continuous face and legs  
(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

## PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

## Accident, suicide, or homicide

Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

John M. Reed

M. D. 12/17/47

Address Cambridge, Md. Date signed

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DEC 22 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

168

11169

## CERTIFICATE OF DEATH

Reg. Diat. No. 106

## 1. PLACE OF DEATH:

County Dorchester  
 City or town in Choptank River nr Madison  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? all of life in vicinity  
 Hospital, institution, or street address where death occurred:  
X  
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Madison (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. X X  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Joseph Winfield Keene

## 3. (b) Social Security Number

4. Sex male 5. Color or race colored 6.(a) Single, married, widowed, or divorced widowed  
 6.(b) Name of husband or wife Bessie Opher, deceased  
 6.(c) If alive, give age years  
 7. Birth date of deceased (mo., day, yr.) X X 1882  
 8. AGE: Years 65 Months X Days X If less than one day  
hrs. min.

9. Birthplace Dorchester County, Md.  
 (Town, county, and state)  
 10. Usual occupation Oystering  
 11. Industry or business Seafood  
 12. Name Joseph Keene  
 13. Birthplace Md.  
 14. Maiden name Hester Gilbert  
 15. Birthplace Md.

16. Informant Corvus G. Keene  
 Address Madison, Md.

17. Burial Date thereof 12. 19. 47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Madison  
 Location Madison Md

18. Funeral director Lewis H. Baughman  
 Address Cambridge Md

19. Dec 17 - 19 47  
 (Date rec'd by registrar) John Macas Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 1947 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X X 19 X X 19and that I last saw him alive on X X 19

Immediate cause of death Drowning DURATION X

Due to fell from boat

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of Dec. 15/47Where did injury occur? nr Madison, Dor. Md.  
 (City or town) (County) (State)Injured at home, farm, industry, public place (where?) in Choptank RiverMeans of injury drowning Injured at work? yes23. SIGNATURE John K. Shivers, Dep. Med Exam M. D. or otherAddress Cambridge, Md. Date signed Dec. 15/47

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DEC 19 1947

BUREAU



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11170

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

Cambridge Md.How long in hospital or institution? One week

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Secretary County SecretaryCity or town Secretary

(If outside city or town limits, write RURAL and give nearest town)

Street No. Secretary

(If rural, give LOCATION)

2.(a) If veteran, name war Secretary

## 3. (a) FULL NAME

Marie Lauck (Lauck)

## 3. (b) Social Security Number

4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Charles Lauck6. (c) If alive, give age 38 years7. Birth date of deceased (mo., day, yr.) Jan 5th 18978. AGE: Years 50 Months 11 Days 1 If less than one dayhrs. 1 min. 19. Birthplace Galitown, N. J.

(Town, county, and state)

10. Usual occupation Housewife11. Industry or business John Bishop12. Name New Jersey13. Birthplace New Jersey14. Maiden name Lauck15. Birthplace Cambridge16. Informant Charles LauckAddress Secretary, Md.17. Burial, cremation, or removal Which? BurialDate thereof Jan 5 1948Cemetery or crematory East New MarketLocation East New Market Md.18. Funeral director W. B. WilloughbyAddress East New Market19. 12/31/1947 John Draper, Md.

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30, 1947 at 12:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 14, 1947 to Dec. 30, 1947and that I last saw her alive on Dec. 30, 1947Immediate cause of death Uremia

DURATION

4 daysDue to arterio-sclerotic nephritis unknownDue to malignant hypertension unknownOther conditions unknown

(Include pregnancy within 3 months of death)

Major findings of operations unknownDate of op. unknownAutopsy results unknown

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide unknown Date of unknownWhere did injury occur? unknown (City or town) unknown (County) unknown (State)Injured at home, farm, industry, public place (where?) unknownMeans of injury unknown Injured at work? unknown23. SIGNATURE Lawrence Maryanor, M.D.Address Cambridge, Md. Date signed 12/30/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 2 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of the information is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11171

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 HoursHospital, institution, or street address where death occurred:  
RFD # 1How long in hospital or institution? - - - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. Hambrooks Blvd.

(If rural, give LOCATION)

2.(a) If veteran, name war World War 1

## 3. (a) FULL NAME

William Green Linthicum

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married8.(b) Name of husband or wife Rosalie Woolford7. Birth date of deceased (mo., day, yr.) Aug. 30, 18936.(c) If alive, give age 53 years8. AGE: Years 54 Months 4 Days - If less than one day  
.....hrs. ....min.9. Birthplace Church Creek, Dor. Co., Md.  
(Town, county, and state)10. Usual occupation Garage Operator11. Industry or business Automotive12. Name Benjamin J. Linthicum13. Birthplace Maryland14. Maiden name Mary Green15. Birthplace Virginia16. Informant Mrs. Wm. G. LinthicumAddress Cambridge, Maryland17. Burial Date thereof Jan. 2, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Old Trinity CemeteryLocation Church Creek, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Jan. 2 - 1948 John M. [unclear]

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

about

20. DATE OF DEATH December 30, 1947 at 10-30 M A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X X

19

to X X

19

and that I last saw him alive on C

19

Immediate cause of death

Disease of Coronary Arteries

DURATION

Due to Hypertensionseveral months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

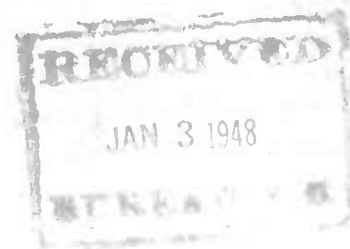
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. K. Shivers, Dep. Med. Exam.

M. D. or other

Address Cambridge, Md.Date signed Dec. 31/47



State Maryland County Wicomico  
City or town Willards  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_ ✓

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 31 1947  
BUREAU

11/11/47

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

## CERTIFICATE OF DEATH

11173

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 61 Years  
Hospital, institution, or street address where death occurred:  
Cambridge Maryland Hospital  
How long in hospital or institution? Two Days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 322 West End Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Blanche Porter Matthews

### 3. (b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
6. (b) Name of husband or wife		
7. Birth date of deceased (mo., day, yr.) <u>Sept. 2, 1876</u>		
6. (c) If alive, give age _____ years		
8. AGE: Years <u>71</u>	Months <u>3</u>	Days <u>8</u> hrs. _____ min.

9. Birthplace Fairmont, Somerset Co., Md.  
(Town, county, and state)  
10. Usual occupation Retired School Teacher  
11. Industry or business Education  
FATHER  
12. Name John S. Matthews  
13. Birthplace Maryland  
MOTHER  
14. Maiden name Margaret E. Dodson  
15. Birthplace Maryland

16. Informant Mr. Robert H. Matthews  
Address Cambridge, Maryland  
17. Burial Date thereof Dec. 12, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Greenlawn Cemetery  
Location Cambridge, Maryland  
18. Funeral director LeCompte's Funeral Service  
Address Cambridge, Maryland

19. Dec. 12 19 47 John Mace Jr MD  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 10, 1947 at 10:06 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3 JULY 19 47 to 10 DEC 19 47  
and that I last saw her alive on 10 DEC 19 47

Immediate cause of death CEREBRAL  
HEMORRHAGE

Due to HYPERTENSIVE CARDIO-  
VASCULAR DISEASE

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

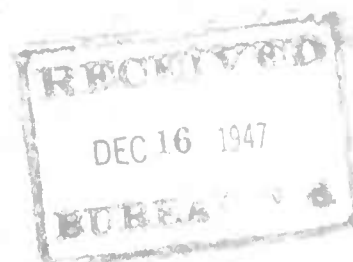
Means of injury Injured at work?

23. SIGNATURE Walter E. Gentry Jr. MD.  
105 Church St M. D. or other  
Address Date signed 11 Dec 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

83a

11174

Reg. Diat. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 YearsHospital, institution, or street address where death occurred:  
Cambridge Maryland HospitalHow long in hospital or institution? 3 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 310 Maryland Ave.  
(If rural, give LOCATION)2.(a) If veteran, name war - - - - -

## 3. (a) FULL NAME

Saint Mary McNamara

## 3. (b) Social Security Number

- - - - -

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
-------------------------	----------------------------------	--

6. (b) Name of husband or wife James McNamara  
(Died 1918)7. Birth date of deceased (mo., day, yr.) Nov. 17, 1872

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>-</u>	hrs. min.

9. Birthplace Toddville, Dor. Co., Maryland  
(Town, county, and state)10. Usual occupation - - - - -11. Industry or business - - - - -12. Name John Meredith13. Birthplace Maryland14. Maiden name Mary Jones15. Birthplace Maryland16. Informant Mrs. Ralph SullivanAddress Cambridge, Maryland17. Burial Date thereof Dec. 19, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Meredith Family CemeteryLocation Toddville, Dor. Co., Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 12-20-1947 John Mason md  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1947 at 2:50A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/14 1947 to 12/17 1947  
and that I last saw her alive on 12/16 1947Immediate cause of death CEREBRAL HEMORRHAGE 2 days  
SUBARACHNOIDDue to HYPERTENSION  
ARTERIOSCLEROSISOther conditions - - - - -

(Include pregnancy within 3 months of death)

Major findings of operations - - - - -  
Date of op. - - - - -Autopsy results - - - - -  
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following: NO  
Accident, suicide, or homicide - - - - - Date of - - - - -Where did injury occur? - - - - - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) - - - - -Means of injury - - - - - Injured at work? - - - - -23. SIGNATURE [Signature] M. D. or other - - - - -  
Address Cambridge Md Date signed 12/20/47

RECEIVED  
DEC 24 1947  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 26 yrs. 11 mos. 11 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 26 yrs. 11 mos. 11 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Unknown  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Elizabeth Mills

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of

deceased (mo., day, yr.)

July 28, 1872

## 8. AGE:

Years

Months

Days

If less than one day

7551

hrs.

min.

9. Birthplace Worcester County, Maryland

(Town, county, and state)

## 10. Usual occupation

None

## 11. Industry or business

FATHER

12. Name Daniel Mills - died13. Birthplace Delaware

MOTHER

14. Maiden name Ella Sarah Dryden - died15. Birthplace Eden, Maryland16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. Burial  
(Burial, cremation, or removal, which?)Date thereof Jan 5, 1948  
(month) (day) (year)

## Cemetery or crematory

## Location

## 18. Funeral director

## Address

19. Jan 5, 1948  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 29, 1947, at \_\_\_\_\_ M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
January 18, 1921 to December 29, 1947  
and that I last saw her alive on December 29, 1947

## Immediate cause of death

Pulmonary Tuberculosis

## DURATION

2 yrs. ?

## Due to

## Due to

Other conditions Imbecility, Epilepsy

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op. \_\_\_\_\_

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

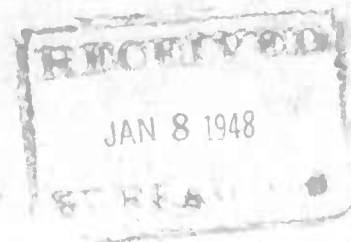
Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

## 23. SIGNATURE

M. D. or other

Address \_\_\_\_\_ Date signed \_\_\_\_\_



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Tangier Sound-Nr. Crocheron  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? One YearHospital, institution, or street address where death occurred:  
- - - - -

How long in hospital or institution? - - - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Mass. County RockportCity or town Rockport  
(If outside city or town limits, write RURAL and give nearest town)Street No. 4 Smith Court  
(If rural, give LOCATION)2. (a) If veteran, name war World War 11

## 3. (a) FULL NAME

C. E. Palmquist

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Unknown

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)  
- - - - - 6. (c) If alive, give age - - - - - years

## 8. AGE:

About 21

Years

Months

Days

If less than one day

- - - - - hrs. - - - - - min.

9. Birthplace Mass.

(Town, county, and state)

10. Usual occupation Lighthouse Keeper11. Industry or business U. S. Coast Guard12. Name Edward Palmquist

## 13. Birthplace

## 14. Maiden name

## 15. Birthplace

## 16. Informant

Address

17. Burial Date thereof Mar. 13, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Acacia GroveLocation Rockport, Mass. (Gloucester)18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. March 10 - 1948 John Mac Don  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1947 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

- - - - - 19 - - - - - to - - - - - 19 - - - - -

and that I last saw him alive on - - - - - 19 - - - - -

## Immediate cause of death

## DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

- - - - - Date of op. - - - - -

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Dec 21/47Accident, suicide, or homicide accident Date of Dec 21/47Where did injury occur? Mr. Crocheron - Dor. Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) in Harbor BoatMeans of injury Boat fire Injured at work? yes23. SIGNATURE John H. Shivers - Dep. Med. Exam.  
M. D. or otherAddress Cambridge - Md. Date signed Mar. 10/48

**RECEIVED**

MAR 15 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
City or town Rural-Church Creek  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Church Creek

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
City or town Rural-Church Creek  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Church Creek  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

August Pohl

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced

6.(b) Name of husband or wife Grace Hall

7. Birth date of deceased (mo., day, yr.) August 20, 1874 6.(c) If alive, give age years

8. AGE: Years 73 Months 3 Days 23 If less than one day hrs. min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Pohl

13. Birthplace Germany

14. Maiden name Malkus

15. Birthplace Not Known

16. Informant Mr. Frederick Pohl

Address Cambridge, Maryland

17. Burial Date thereof Dec. 16, 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Old Trinity Cemetery

Location Church Creek, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 12-16- 19 47 John Macgregor  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 19 47 at 12:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

mor 19 47 to death 19 47  
and that I last saw him alive on Dec 10 19 47

Immediate cause of death Constitutional heart failure DURATION 6 mos

Due to arteriosclerosis ?

Due to arteriosclerosis ?

Other conditions generalized

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Macgregor M. D. or other

Address Cambridge Date signed Dec 16 47

MARGIN RESERVED FOR BINDING

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9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Thompson

93d

11176

RECEIVED

DEC 19 1947

SERIES 2-0



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11177

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Rochester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 45 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Rochester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 303 Aurora St  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Emma W. Ralph

## 3. (b) Social Security Number

none

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

January 8 - 1890

## 6. (c) If alive, give age years

## 8. AGE:

571117

If less than one day

hrs.

min.

## 9. Birthplace

Laurel Md  
(Town, county, and state)

## 10. Usual occupation

School Teacher

## 11. Industry or business

J. L. Ralph

## 12. Name

Laurel, Md

## 13. Birthplace

Ruth Gooden

## 14. Maiden name

Ralph, Md

## 15. Birthplace

Miss Helen Ralph

## 16. Informant

Cambridge, Md

## 17. Burial

12-28-47

## 18. Cemetery or crematory

Christ Churchyard

## 19. Location

Cambridge, Md

## 20. Funeral director

Pennoth & Shuman

## 21. Address

Cambridge, Md

## 22. Date rec'd by registrar

Dec 27 1947

## 23. Signature

John Mac Jr.

## 24. Address

105 Church St

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

December 28 1947 at 8:15 P

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

25 DEC 1947 to 19and that I last saw him alive on 19Immediate cause of death Angina pectoris

## DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of Injury

Injured at work?

## 23. SIGNATURE

John Mac Jr. M. D. Address 105 Church St Date signed Dec 27 1947

RECEIVED

DEC 29 1947

STRA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 Years

Hospital, institution, or street address where death occurred:

324 Washington St.How long in hospital or institution? - - - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 324 Washington St.

(If rural, give LOCATION)

2.(d) If veteran, name war - - - - -

## 3. (a) FULL NAME

Johnnie Robbins

## 3. (b) Social Security Number

- - - - -

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Allie Jones7. Birth date of deceased (mo., day, yr.) Dec. 13, 18976.(c) If alive, give age 48 years8. AGE: Years 49 Months 11 Days 29 It less than one day - hrs. - min.9. Birthplace Robbins, Dor. Co., Maryland

(Town, county, and state)

10. Usual occupation Machine Operator11. Industry or business Cambridge Wire Cloth Co.12. Name John Robbins13. Birthplace Maryland14. Maiden name Elizabeth Shenton15. Birthplace Maryland16. Informant Mrs. Allie RobbinsAddress Cambridge, Maryland17. Burial Date thereof Dec. 6, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Dec 5- 47 John Macdonald Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

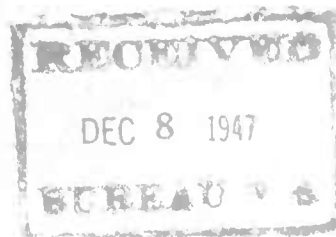
20. DATE OF DEATH December 2, 1947 at 11 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/6 1947 to 12/2 1947 and that I last saw him alive on 12/2 1947.Immediate cause of death Coronary Artery Thrombosis DURATION 1 dayDue to Arteriosclerosis 7Due to Hypertension (Essential)Other conditions Allergic Eczema (generalized)

(Include pregnancy within 3 months of death)

Major findings of operations - - - - -Date of op. - - - - -Autopsy results - - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following NoAccident, suicide, or homicide - - - - - Date of - - - - -Where did injury occur? - - - - - (City or town) - - - - - (County) - - - - - (State)Injured at home, farm, industry, public place (where?) - - - - -Means of injury - - - - - Injured at work? - - - - -23. SIGNATURE John Macdonald M. D. or other - - - - -Address Cambridge Md Date signed 12/4/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. <sup>1</sup> correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. **119**

11179

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Rural-Bishops Head  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Bishops Head  
 How long in hospital or institution? - - - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Rural-Bishops Head  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Bishops Head  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war - - - - -

## 3. (a) FULL NAME

S. Florence Truitt Robinson

## 3. (b) Social Security Number

- - - - -

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Fred C. Robinson  
 6.(c) If alive, give age 73 years  
 7. Birth date of deceased (mo., day, yr.) Nov. 10, 1876  
 8. AGE: Year 79 Month 0 Days 22 hrs. min.  
 9. Birthplace Wingates, Dor. Co., Maryland  
 (Town, county, and state)  
 10. Usual occupation Domestic  
 11. Industry or business Own Home  
 12. Name Robert A. Truitt  
 13. Birthplace Maryland  
 14. Maiden name Susan Tall  
 15. Birthplace Maryland

16. Informant Mr. Fred C. Robinson  
 Address Bishops Head, Maryland  
 17. Burial Date thereof Dec. 5, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Robinson Family Cemetery  
 Location Bishops Head, Dor. Co., Md.  
 18. Funeral director LeCompte's Funeral Service  
 Address Cambridge, Maryland.

19. Dec 4 47 Wilson & Pritchett  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 2, 1947 at 5:05 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Nov. 29 1947, to Dec 2 1947

and that I last saw her alive on Dec 2 1947  
 Immediate cause of death Lobar Pneumonia

Duration 3 days  
 Due to shock 4 days  
 Due to shock  
 Other conditions arteriosclerosis 7 yrs  
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of .....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE P. H. Tawes M. D. or other  
 Address Cambridge, Md Date signed 12/4/47

PH

RECEIVED  
DEC 10 1947  
BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11180

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
Cambridge Maryland Hospital  
How long in hospital or institution? Two Days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Stone Boundary Road  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Roland Wayne Ross

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Infant

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1947 6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day  
- - - 2 - - - hrs. min.

9. Birthplace Cambridge Maryland Hospital  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Olney P. Ross, Jr.

13. Birthplace Maryland

14. Maiden name Katherine Mills

15. Birthplace Maryland

16. Informant Mr. Olney P. Ross, Jr.

Address Cambridge, Maryland.

17. Burial Date thereof Dec. 6, 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 12/6/47 19 47 James M. Moe  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 5, 1947 at 1:15 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 3, 1947 to December 5, 1947 and that I last saw him alive on December 5, 1947

Immediate cause of death

DURATION

Congenital Heart Disease 28 Hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE L. O. Hendrich, M.D. M. D. Hendrich

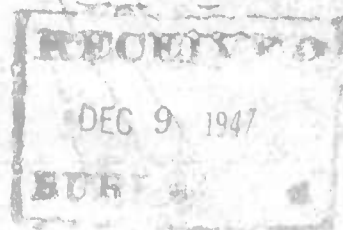
Address Cambridge, Maryland Date signed Dec. 6, 1947

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11181

Reg. Dist. No. 111

## 1. PLACE OF DEATH:

County Dorchester  
 City or town East New Market - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Thompsontown  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town East New Market - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Thompsontown  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Thomas H. Sampson

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Mary P. Sampson

## 7. Birth date of deceased (mo., day, yr.)

October 29, 1871

## 6. (c) If alive, give age \_\_\_\_\_ years

72

## 8. AGE:

Years

Months

Days

If less than one day

76117

hrs.

min.

## 9. Birthplace

Dorchester County, Maryland  
(Town, county, and state)

## 10. Usual occupation

Farm laborer

## 11. Industry or business

Farm

## FATHER

## 12. Name

John Wesley Sampson

## 13. Birthplace

Dorchester County, Maryland

## MOTHER

## 14. Maiden name

Irish E. Young

## 15. Birthplace

Dorchester County, Maryland

## 16. Informant

Mrs. Edith Johnson

## Address

East New Market, Maryland, R.F.D.

## 17. Burial

(Burial, cremation, or removal. Which?)

## Date thereof

December 20, 1947  
(month) (day) (year)

## Cemetery or crematory

Thompsontown Cemetery

## Location

Near East New Market, Maryland

## 18. Funeral director

J. J. Frampton and Son

## Address

Federalburg, Maryland

## 19. Date rec'd by registrar

Dec. 20 47Elizabeth C. Smith  
Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

December 16 1947 at 3:50 P.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 10 1946 to Dec. 16 1947

and that I last saw him alive on

Dec. 16 1947

## Immediate cause of death

Heart failure

## DURATION

## Due to

Arteriosclerotic heart disease

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

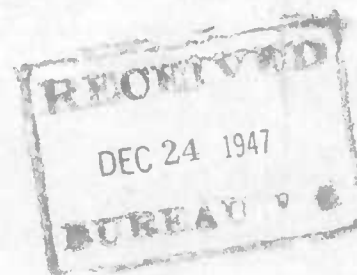
Injured at work?

## 23. SIGNATURE

J. Edwin H. Smith  
M. D. or other

## Address

300 Main St Cambridge, Md. Date signed Dec 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11182

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 1/2 years  
 Hospital, institution, or street address where death occurred: Cambridge map room  
9 1/2 half  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 16 Morris Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Sarah E Sharps

## 3. (b) Social Security Number

4. Sex female 5. Color or race Calend 6.(a) Single, married, widowed, or divorced single

## 6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept 9 1908 8.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 39 Months 3 Days 22 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Cambridge  
 (Town, county, and state)

10. Usual occupation Labaler

11. Industry or business none

12. Name Richard J. Sharps

13. Birthplace Cambridge

14. Maiden name Mary Roberts

15. Birthplace Cambridge

16. Informant Margaret Roberts

Address Cambridge Md

17. Burial to town Date thereof Jan 1-47  
 (month) (day) (year)

Cemetery or crematory same town

Location near Cambridge

18. Funeral director Levin H. Bannister

Address Cambridge Md

19. 12/31 19 47 John M. ...  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 19 47 at 3 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 28 19 47 to Dec 29 19 47  
 and that I last saw him alive on Dec 28 19 47

Immediate cause of death medullary paralysis  
diagnosis of ...  
due to ...

Due to hypertension

Due to hypertension

Other conditions Diabetes

Emaciation  
 (Include pregnancy within 3 months of death)

Major findings of operations Diabetes

Emaciation

Date of op. ?

Autopsy results ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ? Date of ?

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ? Injured at work?

23. SIGNATURE W. ... M. D. or other

Address Cambridge Date signed Dec 31, 47

2071

Page 50

Jan 20

April 3 1948

April 2 1948

1941

1948

RECEIVED

JAN 2 1948

*[Faint handwritten notes and signatures]*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11183

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 Hours

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 8 Hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Rural-Woolfords

(If outside city or town limits, write RURAL and give nearest town)

Street No. Woolfords

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Mary Lou Shenton

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Infant

## 6. (b) Name of husband or wife

6. (c) If alive, give age

## 7. Birth date of

deceased (mo., day, yr.)

May 22, 1947

## 8. AGE:

Years

Months

Days

If less than one day

-

6

15

hrs.

min.

9. Birthplace Cambridge Maryland Hospital

(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

12. Name Phillip Henry Shenton13. Birthplace Maryland14. Maiden name Velma Louise Seabrease15. Birthplace Maryland16. Informant Mr. Phillip H. ShentonAddress Woolfords, Maryland

## 17. Burial

(Burial, cremation, or removal, Which?)

Date thereof Dec. 7, 1947

(month) (day) (year)

Cemetery or crematory Old Trinity CemeteryLocation Church Creek, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 12-5- 19 47 John M. M. M.D.

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 7, 1947 11:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 7, 1947, to December 7, 1947.  
and that I last saw her alive on December 7, 1947.

Immediate cause of death

Influenza  
dehydration

DURATION

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Cambridge Md

M. D. or other

Date signed

12/8/47

RECEIVED  
DEC 12 1947  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11184

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 Months  
 Hospital, institution, or street address where death occurred:  
Cambridge Maryland Hospital  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Rambler Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Sallivane Shenton

## 3. (b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Single</u>
-------------------------	----------------------------------	--

6.(b) Name of husband or wife  
 6.(c) If alive, give age years  
 7. Birth date of deceased (mo., day, yr.) Nov. 18, 1871  
 8. AGE: Year 76 Months - Days 23 If less than one day hrs. min.

9. Birthplace Cambridge, Maryland  
 (Town, county, and state)  
 10. Usual occupation  
 11. Industry or business

MOTHER	12. Name <u>W. R. Shenton</u>
	13. Birthplace <u>Maryland</u>
	14. Maiden name <u>Mary Insley</u>
FATHER	15. Birthplace <u>Maryland</u>

16. Informant Mrs. Eva Shenton  
 Address 5425 Western Ave., Washington, D.C.

17. Burial Date thereof Dec. 13, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery  
 Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service  
 Address Cambridge, Maryland.

19. Dec. 13-19 47 John Mace Jr. M.D.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 11, 1947 at 11:15 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
about 2 19 47 to Dec 11 19 47  
 and that I last saw him alive on Dec 11 19 47

Immediate cause of death Coronary occlusion DURATION 1 day

Due to

Due to

Other conditions Chronic Chlorine

well

(Include pregnancy within 8 months of death)

Major findings of operations Chronic Chlorine

well Date of op. 12/8/47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Mace Jr. M.D. M. D. or other

Address Cambridge, Md Date signed 12/13/47

RECEIVED

DEC 17 1947

BUREAU



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

11185

## 1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:  
RFD # 1How long in hospital or institution? - - - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 1  
(If rural, give LOCATION)2.(d) If veteran, name war - - - - -

## 3. (a) FULL NAME

Magaret Meredith Shorter

## 3. (b) Social Security Number

- - - - -4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Thurman M. Shorter7. Birth date of deceased (mo., day, yr.) March 9, 1888 6.(c) If alive, give age 59 years8. AGE: Years 59 Months 8 Days 29 If less than one day - - - - - hrs. - - - - - min.9. Birthplace Cambridge, RFD, Dor. Co., Md.  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name Pritchett W. Meredith13. Birthplace Maryland14. Maiden name Willie M. Gore15. Birthplace Maryland16. Informant Mr. Thurman M. ShorterAddress Cambridge, RFD, Maryland17. Burial Date thereof Dec. 10, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory East New Market CemeteryLocation East New Market, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 12-8- 19 47 John Mac J. md  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 8, 1947 at 1:10 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-6 19 47, to 12-8 19 47and that I last saw her alive on 12-8 19 47Immediate cause of death UREMIA DURATION 8 daysDue to CHRONIC NEPHRITISARTERIO SCLEROSISCELLULITIS BLADDERDIABETES MELLITUS (SEVERE)Other conditions EMBOLUS RT FEMORAL ARTERYWITH GANGRENE RT FOOT.  
(Include pregnancy within 5 months of death)Major findings of operations - - - - - Date of op. - - - - -Autopsy results - - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

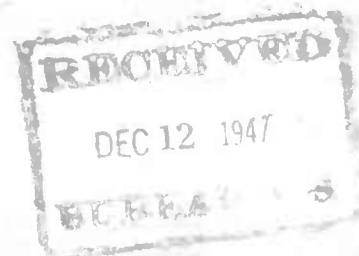
22. VIOLENCE: If death was due to external causes, fill in the following: NOAccident, suicide, or homicide - - - - - Date of - - - - -Where did injury occur? - - - - - (City or town) - - - - - (County) - - - - - (State)Injured at home, farm, industry, public place (where?) - - - - -Means of injury - - - - - injured at work? - - - - -23. SIGNATURE [Signature] M. D. or other [Signature]  
Address Cambridge Md Date signed 12/8/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11186

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County SorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. Rural  
(If rural, give LOCATION)

2.(d) If veteran, name war

## 3. (a) FULL NAME

Bessie Steward

## 3. (b) Social Security Number

4. Sex female 5. Color or race col 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife James Steward7. Birth date of Sept. 1897 8. (c) If alive, give age 1897 years8. AGE: Years 50 Months 0 Days 0 If less than one day 0 hrs. 0 min.9. Birthplace Cambridge  
(Town, county and state)10. Usual occupation Lab. asst11. Industry or business none12. Name George Bennett13. Birthplace MD14. Maiden name Margaretta Bennett15. Birthplace Cambridge16. Informant Germinal StewardAddress Cambridge17. Burial (Burial, cremation, or removal, which?) Date thereof Jan 1 1949 (month) (day) (year)Cemetery or crematory CambridgeLocation near Cambridge18. Funeral director Levin H. BarzantAddress 12/31/4719. John Mace Jr. M.D. Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 19 47 at 3:45 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 22 19 47 to Dec 24 19 47and that I last saw him alive on Dec 24 19 47Immediate cause of death Failure congestive heart DURATION 2 MosDue to Essential Hypertension Tenses

Due to

Other conditions Right sided hemiplegia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Edwin Faced M.D.Address 300 Main St Cambridge Md. Date signed 12-31-47

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**RECEIVED**  
JAN 2 1948

*Handwritten text, mostly illegible due to fading and bleed-through.*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

11187

## 1. PLACE OF DEATH

County Dorchester  
 City or town Saylor Island  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Saylor Island  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced W  
 6. (b) Name of husband or wife Prueella Thompson  
 6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 86 Months ? Days ? If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Taylor Island Maryland  
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name James Thompson  
 13. Birthplace Dorchester Co Md

14. Maiden name Unknown  
 15. Birthplace Unknown

16. Informant Bradford Cornish  
 Address Saylor Island Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof Jan 2 1948  
 (month) (day) (year)

Cemetery or crematory Saylor Island  
 Location Saylor Island

18. Funeral director Rev. Bayne  
 Address Cornbury Md

19. Jan 5 - 48 19 John M. ...  
 (Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 19 47 at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 9 19 47 to Dec 31 19 47  
 and that I last saw him alive on Dec 24 19 47

Immediate cause of death Cerebral Hemorrhage DURATION 22 days

Due to Sen Degener 2 yrs

Due to \_\_\_\_\_

Other conditions Chn Myocard 18 m

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Mans of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Carroll H. ... M. D. or other

Address John ... Date signed 1-2-48

RECEIVED

JAN 8 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
208 West End Ave.  
 How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 208 West End Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war - - - - -

## 3. (a) FULL NAME

Tolley

## 3. (b) Social Security Number

- - - - -

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Infant

6. (b) Name of husband or wife - - - - -

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1947 6. (c) If alive, give age - years

8. AGE: Years - Months - Days - It less than one day 12 hrs. 10 min.

9. Birthplace Cambridge, Maryland  
 (Town, county, and state)

10. Usual occupation - - - - -11. Industry or business - - - - -12. Name Douglas Tolley13. Birthplace Maryland14. Maiden name Ruth Bramble15. Birthplace Maryland18. Informant Mr. Douglas TolleyAddress Cambridge, Maryland

17. Burial Date thereof Dec. 18, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hoosier Memorial CemeteryLocation Fishing Creek, Dor. Co., Md.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.

19. 12-20- 19 47 John M. M. M. M.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 17, 1947 at 7:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/17 19 47 to 12/17 19 47

and that I last saw h. ER alive on 12/17 19 47

Immediate cause of death Prematurity DURATION 6 months gestation

Due to - - - - -Due to - - - - -Other conditions - - - - -

(Include pregnancy within 3 months of death)

Major findings of operations - - - - -Date of op. - - - - -Autopsy results - - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - - Date of - - - - -

Where did injury occur? - - - - - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) - - - - -

Means of injury - - - - - Injured at work? - - - - -

23. SIGNATURE [Signature] M. D. or other - - - - -

Address Cambridge Md Date signed 12/20/47

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DEC 24 1947  
BUREAU



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HAKS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11189

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Church Creek  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 53 YearsHospital, institution, or street address where death occurred:  
Church CreekHow long in hospital or institution? - - - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Church Creek  
(If outside city or town limits, write RURAL and give nearest town)Street No. Church Creek  
(If rural, give LOCATION)2.(a) If veteran, name war - - - - -

## 3. (a) FULL NAME

Emma Estelle Vane

## 3. (b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
-------------------------	----------------------------------	--

6. (b) Name of husband or wife James Guy VaneDied 11/4/1945 6. (c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) Nov. 21, 1868

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>1</u>	<u>9</u>	<u>-</u> hrs. <u>-</u> min.

9. Birthplace Woolfords, Dor. Co., Md.  
(Town, county, and state)10. Usual occupation Asst. Post-Master11. Industry or business U.S. Government12. Name John R. Neild13. Birthplace Maryland14. Maiden name Hester Neal15. Birthplace Maryland16. Informant Miss Agnes N. VaneAddress Church Creek, Maryland17. Burial Date thereof Jan. 1, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Old Trinity CemeteryLocation Church Creek, Dor. Co., Md.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Jan 2 - 19 48 John R. Neild  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 30, 19 47 at 4:30 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/30 to 12/30 19 47and that I last saw h. ER live on 12/30 19 47Immediate cause of death Subarachnoid (Cerebral) Hemorrhage DURATIONDue to ArteriosclerosisDue to generalizedOther conditions - - - - -

(Include pregnancy within 3 months of death)

Major findings of operations - - - - - Date of op. - - - - -Autopsy results - - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following. noAccident, suicide, or homicide - - - - - Date of - - - - -Where did injury occur? - - - - - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) - - - - -Means of injury - - - - - Injured at work? - - - - -23. SIGNATURE John R. NeildAddress Cambridge Md. Date 12/2/47

RECEIVED  
JAN 8 1948  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11190

1160

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 daysHospital, institution, or street address where death occurred:  
Cambridge HospitalHow long in hospital or institution? 5 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County TalbotCity or town Cambridge Md  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Marie R. Jackson

## 3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Philip Jackson6. (c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) Feb. 17, 18858. AGE: Years 62 Months 9 Days 18 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Pittsburgh Pa  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Mathias (first name unknown)13. Birthplace Pa.14. Maiden name Noeweler (first name unknown)15. Birthplace Pa.16. Informant Philip JacksonAddress Easton Md. R. D.17. Burial Date thereof Dec. 8, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton Md.18. Funeral director Reed & SonsAddress Easton Md.19. 12/6 19 47 N.H. Neuman  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 19 47 at 10<sup>th</sup> A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 10 19 45 to Dec 5 19 47and that I last saw her alive on December 5 19 47Immediate cause of death Cerebral hemorrhage DURATION 5 daysDue to Hypertension cardio-vascular disease.

Due to \_\_\_\_\_

Other conditions Diabetes mellitusPneumonia 3 days

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE John E. Brubaker MD M. D. or other \_\_\_\_\_Cambridge Md 12-5-47  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

